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000151 7590 05/24/2005

HOFFMANN-LA ROCHE INC.
 PATENT LAW DEPARTMENT
 340 KINGSLAND STREET
 NUTLEY, NJ 07110

08/16/2005 RHEBRAH1 00000077 082525 10623972

01 FC:1501 1400.00 DA
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PATRICIA S. ROCHA-TRAMALONI

(Depositor's name)

(Signature)

AUGUST 12, 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/623,972	07/21/2003	Yi Chen	21266 US1	5346

TITLE OF INVENTION: PYRIMIDO COMPOUNDS HAVING ANTIPROLIFERATIVE ACTIVITY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/24/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
WARD, PAUL V	1623	544-256000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. GEORGE W. JOHNSTON2. PATRICIA S. ROCHA-TRAMALONI

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

HOFFMANN-LA ROCHE INC.

NUTLEY, NEW JERSEY

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 08-2525 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date AUGUST 12, 2005Typed or printed name: PATRICIA S. ROCHA-TRAMALONIRegistration No. 31,054

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